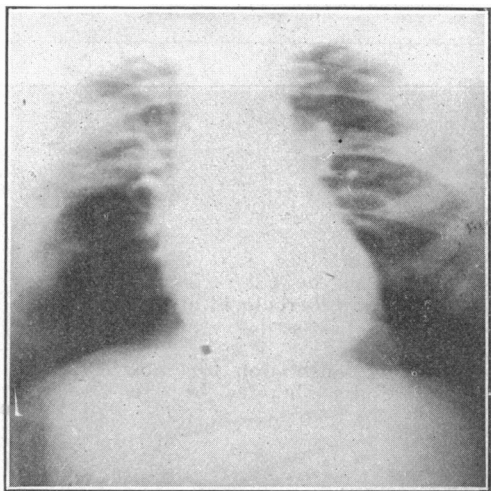


This instrument reaches around and under the fluoroscopic screen; the point marked "B" is allowed to rest on the skin opposite the spot you wish to mark; pressure of your thumb at "A" presses forward the ink container at "C," thus marking a dot on the skin. Each time the "Focal" spot on your screen comes in line with the edge of the Heart you place a dot on the skin; then the dots are later united to make the outline of your orthocardiogram.

The focal spot on the screen is made by first centering the X-ray tube; then the lead diaphragm in front of the tube is closed as small as possible, and that spot on the screen which is illuminated when the current is turned on is your "Focal Spot." This focal spot can be marked with tinfoil for permanent use.



#### CARDIAC PATTERN

Here is a radiogram of a patient with a "barrel-shaped" chest. For that reason there is considerable exaggeration of the cardiac shadow.

The question is—Would the study of this radiogram sufficiently assist you in the future examination of the patient? Could you correct your physical examination after examining the radiogram?

and you, who are responsible, do not need to depend entirely upon the Roentgenologist for an opinion. You can put some of your own individuality into the opinion you render.

#### CONCLUSIONS

Radiograms are indispensable aids in the study of cardiac diseases; orthocardiograms or cardiosilhouettes are indispensable in studying the contour and determining the relative size of the different chambers; the teleradiograms for determining the

exact size of the hearts of a large number of patients in rapid succession, and for co-ordinating the technic of all laboratories; the cardiac pattern is recommended as an aid or guide in our physical examination and for bringing our laboratory X-ray findings in synchronisms with our physical findings.

A brief description of the so-called family type of heart is combined with a description of the pictures.

#### FAMILY TYPE OF HEART

It may seem unnecessary to suggest the study of a family type of heart, in addition to our other standards of measurements.

But, as there is no good reason why our internal organs should not have the same comparative resemblance to those of our immediate family, whom we resemble outwardly, we may study those hearts which are apparently normal in size though diseased by looking for a "family type."

212 Stockton Street, San Francisco, Cal.

### Book Reviews

**Handbook of Diseases of the Rectum.** By Louis J. Hirschman. 3rd ed. 378 pp. Illustrated. St. Louis: C. V. Mosby Company. 1920. Price, \$5.

This work deals with those conditions of the rectum and anus which can be treated by the general practitioner in his office. The larger portion of the volume is devoted to treatment, but cursory attention being given to a consideration of the pathogenesis and pathology. None of the diseases requiring major surgical intervention are included, as the author frankly states that his book deals with those procedures only which may be carried out under local anesthesia. While this feature may be in some ways useful or convenient, it requires the possession of some other work dealing more comprehensively with the subject. It is a question in the mind of the reviewer whether a separate book is necessary or even desirable which merely puts together those procedures possible to be carried out in ambulatory practice.

In the chapter on hemorrhoids, the author says that the clamp and cautery operation is "not, of course, applicable under local anesthesia, and I mention it merely to condemn it." Issue is taken with this statement first, because the operation is definitely applicable under local anesthesia, the reviewer performing it quite frequently, and with the greatest ease; and secondly, because the reviewer is not yet quite certain that the old clamp and cautery is not the procedure of choice in most cases because of its simplicity and relative freedom from uncomfortable sequelae, particularly the formation of external tags. The author does not believe that a red-hot iron in a cavity lined with mucous membrane is rational. The argument is untenable. What does he think of a red-hot iron in the peritoneal cavity? Does he likewise condemn the modern technic of intestinal resection?

The book entirely ignores mention of the many unsatisfactory results following removal of piles and the surgical treatment of fistula. This we look upon as a great weakness. Here the general practitioner needs help—as does, for that matter, the experienced surgeon.

On page 34, "rectal adenoids" is mentioned—doubtless adenoma is meant. "An examination of the rectum will often disclose the presence of pinworms (p. 39) in restless children." Why not mention the stools? The embryology of vaginal anus is a little weak.

The article on hypertrophied anal papillae is good. The part that this condition plays toward

the production of human discomfort should be better known by practitioners.

S. H.  
The chapter by Jelks of Memphis, on dysentery

**Common Diseases of the Skin.** By G. Gordon Campbell. 229 pp. Illustrated. New York: Macmillan Company. 1920.

A careful inspection of the book failed to convince the reviewer that it met the demands of the student of today. The illustrations are quite good and ought to be very instructive. Perhaps this feature will commend the book to some who do not require much reading on the part of their students.

H. E. A.

**Regional Anesthesia.** By B. Sherwood-Dunn. 294 pp. Illustrated. Philadelphia: F. A. Davis Company. 1920. Price, \$3.50.

This book contains many of the methods originally described by Braun. It adds descriptions of Kappis' paravertebral injections for various laparotomies, nephrectomy and other operations on the chest and trunk. It puts an unfair slight on Braun and his pupils in not giving them the least credit for their brilliant discoveries. Many of the figures and diagrams attributed to others are lifted bodily from Braun's work.

It is more compendious than Braun's classical monograph, but it is not nearly as complete, nor as well balanced. It does not recognize sufficiently the limitations of regional anesthesia.

It is illustrated by many dramatic photographs of patients smiling under local anesthesia. The anatomical figures and diagrams, which might be more useful than patients' and surgeons' pictures, are crude.

The surgeon who wants a complete monograph on local anesthesia will find Braun in Percy Shields' translation or Allen's book more useful. This manual, however, will prove handy for quick reference.

L. E.

**Text-book of Dermatology.** By J. Darier. Edited in English with notes by S. Pollitzer. 769 pp. Illustrated. Philadelphia and New York: Lea & Febiger. 1920.

This text-book by Darier has been most excellently translated by S. Pollitzer, who has added many personal notes of value. The book is divided into two sections—one on Morphology of the Dermatoses, and the other on Nosology of the Dermatoses. It has an excellent appendix, which is full of good ideas upon the therapeutics of dermatology.

In a text-book one always looks for the manner of treating the subject of eczema, which gives a good idea of the value of the book. The subject which, in times past, was considered a distinct disease entity is here looked upon, as in most of the later writings, as less distinctive generally and more as a skin reaction toward a series of things, either internal or external in origin. One can get a clear conception of the varied elemental causes as Darier understands them, which are back of the puzzling question of the dermatoses, eczematoses and eczematides. Though many of the subjects, such as leprosy for instance, are treated with but short accounts, the clearness and conciseness of the articles leave little to be desired.

The editor makes up for the lack of consideration of arsenamine, arsenic therapy and chemotherapy by adding his own clear views on the intensive treatment of syphilis. It would seem that too little space is devoted to those important, varied conditions which are due to streptococcic infections and may well be termed streptodermias.

The reviewer considers this one of the best publications of its kind, an excellent book for the physician, surgeon or specialist in any line of medicine. Its size is greatly in its favor, making it convenient to handle.

G. D. C.

**1919 Collected Papers of the Mayo Clinic,** Rochester, Minn. Octavo of 1331 pages, 490 illustrations. Philadelphia and London: W. B. Saunders Company. Cloth. \$12 net.

The wealth of publications contained in this volume is such that all I can do here is to point out the most salient contributions and to recommend to all the reading of the original articles.

Most prominent in the first section (Alimentary Canal) is the paper by C. H. Mayo on "Cancer of the Stomach." He does an anterior Polya operation that is an antecolic gastro jejunostomy closing one-half of the stomach opening and using the other half for the anastomosis with the jejunum which is turned to the right (iso-peristaltic); the point of attachment of the jejunum being fourteen inches below its origin. He uses continuous chromic and silk sutures and claims cures in twenty-five per cent. of five-year cases.

I also note two other important papers; one by Eusterman, on the Treatment of Gastro-jejunal Ulcers and the other by Balfour, on the Destruction of Bleeding Gastric and Duodenal Ulcers by the cautery.

In the second section (Uro-genital Organs) Bradsch and Carman and C. H. Mayo describe renal fluoroscopy done at the operating table with a portable X-ray apparatus for the detection of kidney stones when they are hard to locate.

There are several excellent contributions from the pen of E. S. Judd. In nephrectomy (for tuberculosis of the kidney) he no longer sterilizes the ureter with carbolic, and isolates it by pulling it through a rubber drain to avoid soiling the field of operation. I also remark that transperitoneal operations on the urinary bladder do not occupy such a prominent place as before. In prostatectomy the Mayos insist on an open operation done with retractors under the guidance of the eye.

Then follows the chapter on ductless glands with several interesting articles on the physiological chemistry of the thyroid, basal metabolism, et cetera. Sistrunk insists that caution is imperative when the metabolic rate is above plus 40, and no thyroidectomy is permissible if it is 60 or 70.

Ashby gives a most original account of the length of life of transfused blood corpuscles in man estimated by agglutination.

In the last section I note the favorable report of Meyerding on the Hibbs and Albee operations for treatment of tuberculosis of the spine and several papers by Rosenow on system infections, influenza, etc.

It will be a consolation for most of us to see the mixed results obtained by Henderson in his operations for un-united fractures of the neck of the femur.

The book closes with many papers on public health, social service, medical education, etc. (several of them written by W. J. or C. H. Mayo in person) which testify to the broad vision and interest of the authors in all fields of medical science.

The book is worthy of its predecessors and is a monument to the labors and achievements of that magnificent institution, the Mayo Clinic.

P. S. C.

**The Endocrines.** By Samuel Wyllis Bandler, M. D., F. A. C. S., Professor of Gynecology in the New York Post-Graduate School and Hospital. Octavo of 486 pages. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, \$7 net.

This book embodies the author's own ideas on the subject of the endocrine glands and their interrelations, which ideas are gathered chiefly from clinical observation and elaborated into theories which are little supported by experimental evidence. In his enthusiasm, he sees the endocrine glands as the controlling agents in heredity as